

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002784

1. Entity Name

ASSOCIATION FOR BETTER CHILD CARE DEVELOPMENT &

Principal Place of Business

4450 JEFFERSON AVENUE
MIAMI BEACH FL 33140

Mailing Address

POST OFFICE BOX 2703
MIAMI BEACH FL 33140

2. Principal Place of Business

4460 JEFFERSON AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Zip

33140

Country

Zip

Country

4. FEI Number

65-1002612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAUFMAN, HOWARD
STREET ADDRESS 4460 JEFFERSON AVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE SVD
NAME SHAPIRO, MICHAEL
STREET ADDRESS 4450 JEFFERSON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D
NAME WHITE, MAXINE
STREET ADDRESS 4450 JEFFERSON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

Howard Kaufman

05/01/01

305-673-5287

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91234 004 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)